

DEPARTMENT OF HOMELAND SECURITY
 United States Secret Service Presidential Protective Division (PPD)
 White House Security Branch / Access Control
 Pass Office, EEOB, Room 18
 The White House Washington, DC 20500
 202-757-3948

WHITE HOUSE COMPLEX SECURITY PASS APPLICATION

WARNING NOTICE: A false statement to any question on any part of this form may be grounds for denying you access into Secret Service controlled areas and facilities, and/or grounds for prosecution under Title 18 U.S.C. 1001, and may be punishable by fine, imprisonment or both. All statements or information you give are subject to an investigation.

PART I: TO BE COMPLETED BY EMPLOYEE RECEIVING WHITE HOUSE COMPLEX PASS

1. FULL NAME: (Last, First, Middle):

Delgado, Arlene

2. SOCIAL SECURITY NUMBER:

3. U.S. RESIDENTIAL ADDRESS: (Number, Street, (no P.O. Boxes), City, State, ZIP Code)

4. DATE OF BIRTH:

5. PLACE OF BIRTH: (City, State; if not in U.S., state country)

6. ARE YOU A U.S. CITIZEN?

YES NO

IF NO, LIST COUNTRY:

7. HAIR COLOR:

Blond

8. EYE COLOR:

brown

9. HEIGHT:

FEET: 5 INCHES: 6

10. WEIGHT:

110

11. SEX:

F

12. SELECT A FOUR DIGIT PIN:

13. JOB TITLE/POSITION:

14. OFFICE ADDRESS: (Building, Room Number, Floor Number)

Presidential Transition Office Washington, DC

15. HOME/CELL PHONE:

16. WORK PHONE:

none yet

17. WORK E-MAIL ADDRESS:

ajdelgado@donaldtrump

PART II: CERTIFICATION

THIS FORM IS TO BE SIGNED AT THE PASS OFFICE UPON DISPLAY OF A GOVERNMENT ISSUED ID.

I certify that all statements made by me on this form are true, completed, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE

DATE

PRIVACY ACT STATEMENT: All information requested on this form is collected under authority derived from 18 USC 3056, and 3056A. The purpose of the information is for background investigations of individuals who have access to secured areas or who may be in close proximity to a person protected by the Secret Service (including the USSS/Uniformed Division). The routine uses of the information requested include referral to other Federal, State, and local agencies for determining access to secured areas. Submission of the information is voluntary. However, failure to provide the information requested may result in and cause denial of access to secured areas secured by the Secret Service.

Disclosure of your Social Security Account Number is voluntary. This information is used to identify and separate individuals with similar or identical names or initials. Refusal to disclose your Social Security Number will not be cause for denial of any right, benefit, or privilege provided by law.

PART III: TO BE COMPLETED BY THE REQUESTING AGENCY

1. OFFICE/COMPONENT:

2. OFFICE ABBREVIATION:

3. DOES THE APPLICANT HAVE A BACKGROUND INVESTIGATION IN PROCESS? YES NO

VERIFIED BY: N/A

4. DOES THE APPLICANT HAVE FINGERPRINTS ON FILE WITH THE FEDERAL BUREAU OF INVESTIGATIONS? YES NO

5. PASS REQUEST: NEW BADGE CHANGE RENEWAL

6. COMPLEX PASS REQUESTED:

PTO

7. COOP TRIANGLE:

None

8. END DATE:

01/21/2017

9. ACCESS TO SUBMIT TO W.A.V.E.S.? YES NO TYPE: N/A

10. ADDITIONAL COMMENTS